

medication directly into the patient's blood stream. There is no place in the '116 patent where an implanted drug port is described or drawn or even mentioned. Self-injection (as mentioned in the '116 patent) could only be done by a patient as a subcutaneous injection which does not quickly get any significant amount of the clot busting drug into the arteries of the heart. What the present application teaches is a means for a patient to easily access his circulatory system so that medication injected through the drug port can act within seconds to dissolve an arterial thrombus. The present invention also considers that the delivery of the medication is not necessarily self-injected but rather that it can be injected by a caretaker (p.9-line 24). This also was never mentioned in the '116 patent. There are millions of patients, such as diabetics, who are each day self-medicated with insulin. However, *none of those self-medicating patients utilize an implanted drug port.* Therefore, the word "self-medicating" does not in anyway teach or even imply the use of the structure of an implanted drug port.

Since each of the independent claims 1, 21 and 89 have the limitation of requiring the structure of an implanted drug port, and since the '116 patent never mentions or describes in any way such a drug port structure, the applicants respectfully maintain that independent claims 1, 21 and 89 are allowable over the cited prior art. Furthermore, since dependent claims 2-20, 21-59 and 90 are each dependent upon one of the allowable independent claims, then they should also be allowed by the Examiner.

2. ANALYSIS OF INDEPENDENT CLAIM 60

Claim 60 has the limitation of requiring that there are at least two alarms and at least one of the alarms is for a heart attack (a heart attack being an acute myocardial infarction; i.e., an AMI). The applicants have carefully reviewed the Fischell et al patent, US Patent Number 6,112,116 to determine if there was any place in that issued patent where two different cardiac events, each having its own alarm, was mentioned. No such teaching was found in the specification of the '116 patent. Although the Examiner has stated that the '116 patent mentions alarming for ischemia and for an AMI, the applicants have been unable to find such a teaching in the specification. Specifically, in the SUMMARY OF THE INVENTION, there are nine objectives mentioned. The *only* mention of an alarm is for an AMI. There is no mention of alarming for ischemia that is different from an AMI.

There is no mention in any of the objectives of the '116 invention of an alarm for a second type of cardiac event.

The Examiner has stated that at Col. 1, line 59 of the '116 patent ischemia is mentioned. However, what is mentioned is myocardial ischemia caused by a thrombus. *This is in fact an AMI*. Nowhere in the teachings of the '116 patent is it mentioned that there is a separate alarm for any type of ischemia other than for myocardial ischemia caused by a thrombus. Myocardial ischemia caused by a thrombus is a heart attack (which is an AMI) and the '116 patent describes that there is only one alarm and that is for an AMI.

In light of the fact that the '116 patent teaches having an alarm for only one type of cardiac event and claim 60 is limited to a device having alarms for at least two different cardiac events, the applicants respectfully contend that claim 60 is not made obvious by the teachings of the '116 patent. Therefore, the applicants respectfully contend that claim 60 and its dependent claims 61-67 are allowable over the cited prior art.

3. ANALYSIS OF INDEPENDENT CLAIM 68

The Examiner has stated that independent claim 68 was not allowed over Fischell et al, US Patent Number 6,112,116. After a careful study of the '116 patent, the applicants respectfully contend that there is no teaching in the '116 patent that makes claim 68 obvious. Specifically, FIG. 9 of the present application and its description in the specification from the last paragraph on page 40 through the top two lines on page 44 describes a unique system for assisting those patients who are having a heart attack. Nowhere in the '116 patent is such a network operation support system described in either a drawing or in the text of the specification. The limitation in claim 68 that requires "a network operation support system for receiving the output alarm signal ... from the external alarm system...." is unique to the present application and is not at all mentioned in any part of the '116 patent. Specifically, the '116 patent at Col. 2, lines 13-17 states that the system can be used to "...dial an emergency rescue team to take the patient to a hospital...." This is not at all the concept of the "network operation support system" as taught in the present specification which includes an entire set of structures and functions as best illustrated in FIG. 9. The network operation support system is used to call back to the patient and to call a doctor. Neither of these functions are taught in the '116 patent. FIG. 9 shows a

network operation support system (element 110) that does not have the capability to "take the patient to the hospital." As clearly described in the specification of the present application, the network operation support system has many functions (such as a call back to the patient) that are entirely different from driving the patient to the hospital which is the entire teaching (in that regard) of the '116 patent.

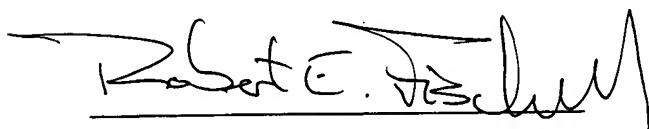
Furthermore, as seen in FIG. 9, there is a separate element 67 which is the emergency medical services that is described in the '116 patent. Since that is a separate (but different) element of the present invention, it is clear that the network operation support system (element 110) is entirely different and distinct in form and function from the element 67 which is the emergency medical services that can be used to drive the patient to the hospital.

In light of the fact that claim 68 is limited to a network operation support system that is not at all described in the '116 patent, the applicants respectfully contend that claim 68 and its dependent claims 69-86 are allowable over the cited prior art.

4. CONCLUSION

In light of the arguments presented above, the applicants respectfully request that all claims pending in this case be allowed. Prompt notification of the allowability of these claims would be most sincerely appreciated.

Respectfully submitted,



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Robert E. Fischell
Applicant

Dec. 17, 2004

Date: